



**RISON HEALTH SERVICES, INC.**  
**SICK CALL REQUEST**

Print Name: Richard W Wright Date of Request: 25 Feb 05  
 ID # 187140 Date of Birth: 15 Aug 05 Location: 19 Cell (Seq)

Nature of problem or request:

Need head X-RAY Constant head aches, Cream for  
rash from shaving w/9th profile

Richard W Wright  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 1/1/  
 Time:            AM PM  
 Allergies:           

RECEIVED	
Date:	
Time:	
Receiving Nurse Initials <u>          </u>	

**(S)ubjectives**

**(O)bjective**

**(A)ssessment:**

**(P)lan:**

**FOR PROFESSIONAL USE ONLY  
CONFIDENTIAL RECORD  
NOT TO BE PHOTOCOPIED**

Refer to: MD/PA Mental Health Dental Daily Treatment      Return to Clinic PRN  
 CIRCLE ONE

Check One: **ROUTINE**  **EMERGENCY**

If Emergency was PHS supervisor notified: Yes  No

Was MD/PA on call notified: Yes  No

**SIGNATURE AND TITLE**

**WHITE: INMATES MEDICAL FILE**

**YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT**



**PRISON HEALTH SERVICES, INC.**  
**SICK CALL REQUEST**

Print Name: Richard W Wright Date of Request: 24 Feb 05  
 ID # 187140 Date of Birth: 15 Aug 67 Location: 19 Cell Seq  
 Nature of problem or request: Need an X-RAY due to having  
Continual Head aches, need some type of  
anti-biotic cream for shaving rash with a  
shaving profile

*Signature*

**DO NOT WRITE BELOW THIS LINE**

Date: 2/25/05  
 Time: 0515 AM PM  
 Allergies: NAKA

**RECEIVED**

Date: 2/25/05

Time: 0515

Receiving Nurse Initials PK

(S)ubjective: "I need to have x-rays done of my head  
because I have headaches all the time"

(O)bjective BP 120/80 P- 76 R- 16 T- 98.8  
WT,

(A)ssessment: Alteration in comfort

(P)lan: See MD

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 CIRCLE ONE

Check One: ROUTINE  EMERGENCY

If Emergency was PHS supervisor notified: Yes  No

Was MD/PA on call notified: Yes  No

Gloria Rogers SPN  
**SIGNATURE AND TITLE**

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.**  
**SICK CALL REQUEST**

Print Name: Richard Wright Date of Request: 22 Feb 05  
 ID # 187140 Date of Birth: 15 Aug 67 Location: 19 CCI 524  
 Nature of problem or request: I Need some type of  
Cream For shaving rash and bumps  
and an X-RAY because I'm having  
Continual head aches and dizziness

Richard Wright

Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 2/23/05  
 Time: 0515 AM PM  
 Allergies: NKA

RECEIVED

Date: 2/23/05

Time: 0515

Receiving Nurse Initials DK

(S)ubjective: "I need some cream for my face I have a major  
 bumps"

(O)bjective B120/70 P-78 R-16 T-98.8

(A)ssessment: alteration in comfort

(P)lan: See MD

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 CIRCLE ONE

Check One: ROUTINE  EMERGENCY

If Emergency was PHS supervisor notified: Yes  No

Was MD/PA on call notified: Yes  No

Gloria Regan RN

**SIGNATURE AND TITLE**

WHITE: INMATES MEDICAL FILE

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**PRISON HEALTH SERVICES, INC.**  
**SICK CALL REQUEST**

Print Name: Richard W Wright Date of Request: 19 Feb 05  
 ID # 187140 Date of Birth: 15 Aug 67 Location: 19 Cell 5 eg  
 Nature of problem or request: I been having head ache

Richard W Wright Jr.  
 Signature

**DO NOT WRITE BELOW THIS LINE**

Date:   /  /    
 Time:        AM PM  
 Allergies:       

**RECEIVED**  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Receiving Nurse Initials \_\_\_\_\_

(S)ubjective:

(O)bjective:

(A)ssessment:

(P)lan:

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 CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

**SIGNATURE AND TITLE**

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**PRISON HEALTH SERVICES, INC.**  
**SICK CALL REQUEST**

Print Name: Richard Wright Date of Request: 5 Feb 65  
 ID # 187140 Date of Birth: 12/21/38 Location: 19 Cell Block  
 Nature of problem or request: Head aches need analgesic  
also on phone when I go to see my outfit

Richard Wright  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 1/1/  
 Time: AM PM  
 Allergies: \_\_\_\_\_

RECEIVED	
Date:	
Time:	
Receiving Nurse Initials <u>_____</u>	

**(S)ubjective**

**(O)bjective**

**(A)ssessment:**

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**CONFIDENTIAL RECORD**  
**NOT TO BE PHOTOCOPIED**

**(P)lan:**

Refer to: MD/PA Mental Health Dental Daily Treatment      Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

**SIGNATURE AND TITLE**

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**PRISON HEALTH SERVICES, INC.**  
**SICK CALL REQUEST**

Print Name: John Smith Date of Request: 11/14/05  
 ID # 123456789 Date of Birth: 1/1/75 Location: Cell Block  
 Nature of problem or request: Having trouble with my knee  
Having trouble with my knee from me being exposed  
to the cold weather. I have three MR. How long I get the rest  
of the night off to recuperate and I return when I am  
able to get the rest of my rest. Richard J. Smith Jr.

*Signature*

**DO NOT WRITE BELOW THIS LINE**

Date: 11/14/05  
 Time: 12:00 AM PM  
 Allergies: \_\_\_\_\_

**RECEIVED**

Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Receiving Nurse Initials: \_\_\_\_\_

**(S)ubjective:**

**(O)bjective:**

**(A)ssessment:**

*FOR PROFESSIONAL USE ONLY  
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**(P)lan:**

Refer to: MD/PA Mental Health Dental Daily Treatment      Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE  EMERGENCY

If Emergency was PHS supervisor notified: Yes  No

Was MD/PA on call notified: Yes  No

**SIGNATURE AND TITLE**

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**PRISON HEALTH SERVICES, INC.**  
**SICK CALL REQUEST**

Print Name: Richard Wright

Date of Request: JAN 24, 2005

ID # 187140

Date of Birth: 8-15-67 Location: 15 Cell

Nature of problem or request: Infected Finger, stomach  
Pains, Suffering From headache and  
rash in penis area.

Richard Wright Jr.  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 01/28/05

Time: 0530 AM PM

Allergies: None

RECEIVED

Date:

Time:

Receiving Nurse Initials \_\_\_\_\_

(S)ubjective: My finger is swollen & it hurts,

(O)bjective: Plumb in reg. States finger hurt, no  
swelling noted. States stomach hurt real bad.

(A)ssessment: Allergic in Compel 2<sup>o</sup> pain

(P)lan: To See DO

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CIRCLE ONE

Check One: ROUTINE  EMERGENCY

If Emergency was PHS supervisor notified: Yes  No   
Was MD/PA on call notified: Yes  No

Richard Wright Jr.

**SIGNATURE AND TITLE**

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**PRISON HEALTH SERVICES, INC.**  
**SICK CALL REQUEST**

Print Name: Richard W. Wright, Sr. Date of Request: 21 Dec 04  
 ID # 187140 Date of Birth: 15 Aug 67 Location: 4 cell 6eg)

Nature of problem or request:

I would like to know the cause for me having the following symptoms: head aches, stomach pains, constantly passing gas, irregular heart beat.

Richard W. Wright

Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 12/12/04  
 Time: 5:00 AM PM  
 Allergies: NRTD

**RECEIVED**

Date: 12-13-04

Time: 5:02

Receiving Nurse Initials MT

**(S)ubjectives**

B1g 120/80 P. 92 18 Temp 98.2

I am having Headache, Stomach pain irregular Heart beat.

**(O)bjective** Do Seg inmate setting on Bank. No acute distress noted - VS within normal limit. inmate note eating or taking medication.

**(A)ssessment**

dry - CTA  
spasms - nn

lab 12/03/04 - nrl.

**(P)lan:** See MD in am today

Dr. Taylor, M.D.  
TM A

Refer to: MD/PA Mental Health Dental Daily Treatment      Return to Clinic PRN  
 CIRCLE ONE

Check One: **ROUTINE**  **EMERGENCY**

If Emergency was PHS supervisor notified: Yes  **NOT FOR PROFESSIONAL USE ONLY**  
 Was MD/PA on call notified: Yes  **CONFIDENTIAL RECORD**

**NOT TO BE PHOTOCOPIED**

L. Anderson Jr.

**SIGNATURE AND TITLE**

**WHITE: INMATES MEDICAL FILE**

**YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT**



**PRISON HEALTH SERVICES, INC.**  
**SICK CALL REQUEST**

Print Name: Richard Wright Date of Request: 16 Dec 04

ID # 187140 Date of Birth: 15 Aug 67 Location: 4 Cell

Nature of problem or request: I'm having stomach aches (pain)  
When I have bowel movement I see spots of blood  
on the tissue. What will cause a burning  
feeling when I piss?

Richard Wright  
 Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 1

Time:        AM PM

Allergies:       

RECEIVED

Date:       

Time:       

Receiving Nurse Initials       

**(S)ubjectives**

**(O)bjective**

**(A)ssessment:**

**(P)lan:**

Refer to: MD/PA Mental Health Dental Daily Treatment      Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE  EMERGENCY

If Emergency was PHS supervisor notified: Yes  No

Was MD/PA on call notified: Yes  No

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*Self - Call 4*  
**PRISON HEALTH SERVICES, INC.**  
**SICK CALL REQUEST**

Print Name: Richard Wright Date of Request: 14 Dec 04  
 ID # 187140 Date of Birth: 15 Aug 67 Location: 4 Cell  
 Nature of problem or request: Having stomach pains  
head aches, passing gas constantly, Heart  
irregular beating sometimes

Richard Wright  
 Signature

**DO NOT WRITE BELOW THIS LINE**

Date:   /  /    
 Time:        AM PM  
 Allergies:       

**RECEIVED**

Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Receiving Nurse Initials \_\_\_\_\_

**(S)ubjectives**

*"My Stomach Hurts"*

**(O)bjective**

*Inmate lay on bunk in Reg. Status  
 just don't feel good*

**(A)ssessment**

*Allerath in report 20 Readable*

**(P)lan:**

*To place in basket for Dr. to see*

Refer to: MD/PA Mental Health Dental Daily Treatment      Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

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*M. M. Lewis*  
 SIGNATURE AND TITLE

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